SERFF Tracking #: RENA-129234194 State Tracking #: Company Tracking #: 2014 REN/REN INDIVIDUAL
RATES

State: District of Columbia Filing Company: Renaissance Life & Health Insurance Company of

America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

**Product Name:** 2014 Ren/Ren Individual Rates

Project Name/Number: 2014 Ren/Ren Individual Rates/2014 Ren/Ren Individual Rates

Filing at a Glance

Company: Renaissance Life & Health Insurance Company of America

Product Name: 2014 Ren/Ren Individual Rates

State: District of Columbia

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health Dental

Filing Type: Rate

Date Submitted: 10/04/2013

SERFF Tr Num: RENA-129234194

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 2014 REN/REN INDIVIDUAL RATES

Implementation 01/01/2014

Date Requested:

Author(s): Denise Chadwell, Todd Svanda, Bethany Stecovich, Erica Boyan

Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

SERFF Tracking #: RENA-129234194 State Tracking #: Company Tracking #: 2014 REN/REN INDIVIDUAL

RATES

State: District of Columbia Filing Company: Renaissance Life & Health Insurance Company of

America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

Product Name: 2014 Ren/Ren Individual Rates

Project Name/Number: 2014 Ren/Ren Individual Rates/2014 Ren/Ren Individual Rates

# **General Information**

Project Name: 2014 Ren/Ren Individual Rates Status of Filing in Domicile: Pending

Project Number: 2014 Ren/Ren Individual Rates

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 10/07/2013

State Status Changed:

Deemer Date: Created By: Bethany Stecovich

Submitted By: Bethany Stecovich Corresponding Filing Tracking Number:

Filing Description:

Government of the District of Columbia Department of Insurance, Securities and Banking Actuarial Analysis Division 810 First Street, N.E., Suite 701 Washington DC 20002

RE: Renaissance Life & Health Insurance Company of America, NAIC No. 61700

FEIN# 47-0397286, Group No. 0477 Individual Dental Product – Rate Filing SERFF Tracking No. 129234194

On behalf of Renaissance Life & Health Insurance Company of America, please find enclosed new rates for our Individual Dental Product, INVD-100A-DC v2 approved June 30, 2009 under SERFF tracking No. RENA-126093098. These rates are in addition to the rates that were approved by your department on June 23, 2011, under SERFF tracking No. RENA-127077420. Enclosed are the following documents:

- 1. The rates:
- 2. The actuarial memorandum; and
- 3. Any appropriate transmittal forms, certifications, and/or filing fees.

It is our intention to begin using these new rates effective January 1, 2014.

Should you have any questions or require any additional information, please contact me directly at (517) 347-5273 by e-mail at bstecovich@renaissancefamily.com. or through SERFF. Thank you for your assistance.

Sincerely,

Bethany Stecovich Compliance Specialist Renaissance Life & Health Insurance Company of America

# **Company and Contact**

SERFF Tracking #: RENA-129234194 State Tracking #: Company Tracking #: 2014 REN/REN INDIVIDUAL
RATES

State: District of Columbia Filing Company: Renaissance Life & Health Insurance Company of

America

State ID Number:

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

**Product Name:** 2014 Ren/Ren Individual Rates

Project Name/Number: 2014 Ren/Ren Individual Rates/2014 Ren/Ren Individual Rates

**Filing Contact Information** 

Bethany Stecovich, Compliance Specialist bstecovich@renaissancefamily.com

P.O. Box 30381 517-347-5273 [Phone] Lanisng, MI 48909 888-827-8060 [FAX]

**Filing Company Information** 

Renaissance Life & Health CoCode: 61700 State of Domicile: Indiana
Insurance Company of America Group Code: 477 Company Type: Life & Health

P.O. Box 30381 Group Name:

Lansing, MI 48909-7881 FEIN Number: 47-0397286

(517) 347-5332 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: RENA-129234194 State Tracking #: Company Tracking #: 2014 REN/REN INDIVIDUAL RATES

State: District of Columbia Filing Company: Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

**Product Name:** 2014 Ren/Ren Individual Rates

Project Name/Number: 2014 Ren/Ren Individual Rates/2014 Ren/Ren Individual Rates

# **Rate Information**

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 7.410%

Effective Date of Last Rate Revision: 01/01/2012

Filing Method of Last Filing: SERFF

# **Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Renaissance Life & Health Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #: RENA-129234194 State Tracking #: Company Tracking #: 2014 REN/REN INDIVIDUAL RATES

State: District of Columbia Filing Company: Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

**Product Name:** 2014 Ren/Ren Individual Rates

**Project Name/Number:** 2014 Ren/Ren Individual Rates/2014 Ren/Ren Individual Rates

# Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC Ren Act Memo Exhibits	INVD-100A-DC v2	New		DC Ren Ind Dental PPO Exhibits.pdf,

Exhibit 1
Renaissance Life & Health Insurance Company of America
Ren/Ren Individual Dental Product
Form Number INVD-100A-DC v2
Rate Summary New Plan Designs

Plan Description	Plan D	Plan K	Plan L
Service Class:	Coinsu	ırance Perce	ntages
Preventative & Diagnostic	100%	100%	100%
Emergency Palliative Treatment	100%	100%	100%
Radiographs - Bitewings	100%	100%	100%
Radiographs - All other	50%	0%	0%
Periodontal Prophylaxes	50%	0%	0%
Denture Repair, Rebase, Relining	50%	0%	0%
Oral Surgery	50%	0%	0%
Minor Restorative	50%	0%	50%
Periodontics	50%	0%	0%
Endodontics	50%	0%	0%
Major Restorative	50%	0%	0%
Prosthodontics	50%	0%	0%
Deductible	\$50	\$0	\$0
Maximum	\$1,000	No Max	\$1,000
Proposed Rates *			
Ages 55+ Rate Per Person	\$48.39	\$30.39	\$34.00
Administrative Cost %	22.30%	31.10%	27.79%
Ages 54- Rate 1-Party	\$38.71	\$28.93	\$32.36
Ages 54- Rate 2-Party	\$74.33	\$55.83	\$62.46
Ages 54- Rate Family	\$123.10	\$95.18	\$106.48
Administrative Cost %	22.30%	31.10%	27.79%

<sup>^</sup> All plans are subject to change due to competitive considerations. Any change would only occur after approval from the state is received.

<sup>\*</sup> Annual rates are equal to 12 times the provided monthly rate.

# Exhibit 2 Development of Proposed Rates Renaissance Life & Health Insurance Company of America Ren/Ren Individual Dental Product Form Number INVD-100A-DC v2

# Rates for Current EHB product: Ages 55 and Older

		а	b	c=a*b
Plan	Party Structure	Current Gross Premium	Expected Loss Ratio	Current Pure Premium
High Plan	All Individuals	\$53.77	77.70%	\$41.78
Low Plan	All Individuals	\$47.00	77.10%	\$36.24

# Rate Development for New Proposed Plans: Ages 55 & Older

	а	b	С	d=b*c	е	f=d/e	
	Pricing Plan	Pricing Plan	New Plan	New Plan	New Plan	New Plan	
New Plans	Gross Premium	Pure Premium	Design Adj	Pure Premium	Exp Loss Ratio	Gross Premium	Plan Description
Plan D	\$53.77	\$41.78	0.9000	\$37.60	77.70%	\$48.39	Private Label Plan Avg Rate
Plan K	\$47.00	\$36.24	0.5778	\$20.94	68.90%	\$30.39	Preventive Only Plan - Fillings @ 0%
Plan L	\$47.00	\$36.24	0.6776	\$24.55	72.21%	\$34.00	Preventive Only Plan - Fillings @ 50%

# Rate Development for New Proposed Plans: Ages 54 and Younger

	а	b	c=a*b	d	е	f	g	h=c*(1+d+e)	i=c*(1+f+g)	k=1-(1-j)/b
				2-Party	2-Party		Family			Ages 54-
	Ages 55+ Gross	_	1-Party Gross	Spousal	Dependent	Family Spousal	Dependent	2-Party Gross	Family Gross	Expected
	Premium	Age Adjustment	<u>Premium</u>	Factor	<u>Factor</u>	<u>Factor</u>	<u>Factor</u>	Premium	<u>Premium</u>	Loss Ratio
Plan D	\$48.39	0.8000	\$38.71	0.8	0.12	0.89	1.29	\$74.33	\$123.10	77.70%
Plan K	\$30.39	0.9519	\$28.93	0.8	0.13	0.89	1.40	\$55.83	\$95.18	68.90%
Plan L	\$34.00	0.9519	\$32.36	0.8	0.13	0.89	1.40	\$62.46	\$106.48	72.21%

#### Exhibit 3 Renaissance Life & Health Insurance Company of America Form Number INVD-100A-DC v2 Ren/Ren District of Columbia Experience

#### Most Recent 4 Quarters

 	•											
						Expected			Active Life	Earned Prem	Exposure	
	Earned	Paid	Change in	Incurred	Incurred	Incurred	Expected	A/E	Reserves as of	Current	In Member	Number
	Premium	Claims	Clm Liab	Claims	Loss Ratio	Claims	Loss Ratio	Claims Ratio	Year End	Rate Basis	Months	of Claims
(a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(1)	(m)
Jul-12 - Jun-13	\$548	\$232	\$3	\$235	42.9%	470	85.8%	50.04%	\$0	\$548	12	4

Projection Assumptions

\* Rate Increase effective 1/1/2014:

9.57% Claim Trend: 3.50%

Insurance Trend:

0.00% Lapse Rate\*\*: 0.00%

Future Premium increases equal claim trend

With Requested Increase

lith Request	ted Increase													
							Expected			Active Life	Earned Prem	Exposure		
Cale	ndar	Earned	Paid	Change in	Incurred	Incurred	Incurred	Expected	A/E	Reserves as of	Current	In Member	Number	
Ye	ar F	Premium	Claims	Clm Liab	Claims	Loss Ratio	Claims	Loss Ratio	Claims Ratio	Year End	Rate Basis	Months	of Claims	
(a	a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(I)	(m)	
200	07	\$0	\$0	\$0	\$0	0.0%	0	88.6%	0.0%	\$0	\$0	0	0	
200	08	\$0	\$0	\$0	\$0	0.0%	0	88.6%	0.0%	\$0	\$0	0	0	
200	09	\$0	\$0	\$0	\$0	0.0%	0	83.6%	0.0%	\$0	\$0	0	0	
20	10	\$0	\$0	\$0	\$0	0.0%	0	83.6%	0.0%	\$0	\$0	0	0	
20	11	\$0	\$0	\$0	\$0	0.0%	0	83.6%	0.0%	\$0	\$0	0	0	
20	12	\$470	\$198	(\$1)	\$197	42.0%	403	85.8%	48.9%	\$0	\$470	11	1	
20	13	\$591			\$187	31.7%	507	85.8%	36.9%					
20	14	\$648			\$194	29.9%	500	77.2%	38.8%					
20	15	\$670			\$201	29.9%	517	77.2%	38.8%					
20	16	\$694			\$208	29.9%	535	77.2%	38.8%					
20	17	\$718			\$215	29.9%	554	77.2%	38.8%					
20	18	\$743			\$222	29.9%	573	77.2%	38.8%					
20	19	\$769			\$230	29.9%	593	77.2%	38.8%					
202	20	\$796			\$238	29.9%	614	77.2%	38.8%					
202	21	\$824			\$247	29.9%	636	77.2%	38.8%					
202	22	\$853			\$255	29.9%	658	77.2%	38.8%					
Past		\$470			\$197	42.0%	\$403	85.8%	48.9%					
Future		\$7,305			\$2,198	30.1%	\$5,688	77.9%	38.6%					
Lifetime		\$7,775			\$2,395	30.8%	\$6,091	78.3%	39.3%					

<sup>\*</sup> Rate increase respresents the increase approved in previously filed EHB certified rates.

\*\* Assumed to be offset by new business

# Without Requested Increase

itnout Requested in	icrease												
						Expected			Active Life	Earned Prem	Exposure		
Calendar	Earned	Paid	Change in	Incurred	Incurred	Incurred	Expected	A/E	Reserves as of	Current	In Member	Number	
Year	Premium	Claims	Clm Liab	Claims	Loss Ratio	Claims	Loss Ratio	Claims Ratio	Year End	Rate Basis	Months	of Claims	
(a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(I)	(m)	
2007	\$0	\$0	\$0	\$0	0.0%	\$0	88.6%	0.00%	\$0	\$0	0	0	
2008	\$0	\$0	\$0	\$0	0.0%	\$0	88.6%	0.00%	\$0	\$0	0	0	
2009	\$0	\$0	\$0	\$0	0.0%	\$0	83.6%	0.00%	\$0	\$0	0	0	
2010	\$0	\$0	\$0	\$0	0.0%	0	83.6%	0.00%	\$0	\$0	0	0	
2011	\$0	\$0	\$0	\$0	0.0%	0	83.6%	0.00%	\$0	\$0	0	0	
2012	\$470	\$198	(\$1)	\$197	42.0%	403	85.8%	48.92%	\$0	\$470	11	1	
2013	\$591			\$187	31.7%	507	85.8%	36.94%					
2014	\$612			\$194	31.7%	\$472	77.2%	41.07%					
2015	\$633			\$201	31.7%	\$489	77.2%	41.07%					
2016	\$655			\$208	31.7%	\$506	77.2%	41.07%					
2017	\$678			\$215	31.7%	\$523	77.2%	41.07%					
2018	\$702			\$222	31.7%	\$542	77.2%	41.07%					
2019	\$726			\$230	31.7%	\$561	77.2%	41.07%					
2020	\$752			\$238	31.7%	\$580	77.2%	41.07%					
2021	\$778			\$247	31.7%	\$601	77.2%	41.07%					
2022	\$805			\$255	31.7%	\$622	77.2%	41.07%					
Past	\$470			\$197	42.0%	\$403	85.8%	48.92%					
Future	\$6,933			\$2,198	31.7%	\$5,401	77.9%	40.69%					
Lifetime	\$7,403			\$2,395	32.3%	\$5,804	78.4%	41.26%					

#### Exhibit 3 Continued Renaissance Life & Health Insurance Company of America Form Number INVD-100A-DC v2 Ren/Ren Nationwide Experience

						Expected			Active Life	Earned Prem	Exposure	
	Earned	Paid	Change in	Incurred	Incurred	Incurred	Expected	A/E	Reserves as of	Current	In Member	Number
	Premium	Claims	Clm Liab	Claims	Loss Ratio	Claims	Loss Ratio	Claims Ratio	Year End	Rate Basis	Months	of Claims
(a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(I)	(m)
Jul-12 - Jun-13	\$1,450,873	\$1,070,395	\$14,739	\$1,085,134	74.8%	1,187,951	81.9%	91.34%	\$0	\$1,450,873	31,077	7,248

Projection Assumptions
\* Rate Increase effective 01/01/2014:
Claim Trend: 9.90% 3.50% Insurance Trend: Lapse Rate\*\*: 0.00% 0.00% Future Premium increases equal claim trend

#### With Requested Increase

-						Expected			Active Life	Earned Prem	Exposure	
Calendar	Earned	Paid	Change in	Incurred	Incurred	Incurred	Expected	A/E	Reserves as of	Current	In Member	Number
Year	Premium	Claims	Clm Liab	Claims	Loss Ratio	Claims	Loss Ratio	Claims Ratio	Year End	Rate Basis	Months	of Claims
(a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(1)	(m)
2007	\$16,840	\$29,920	\$1,385	\$31,305	185.9%	14,920	88.6%	209.8%	\$0	\$24,902	502	235
2008	\$206,378	\$155,896	\$14,333	\$170,229	82.5%	182,851	88.6%	93.1%	\$0	\$292,572	6,067	1,160
2009	\$891,148	\$693,111	\$43,622	\$736,733	82.7%	729,048	81.8%	101.1%	\$0	\$941,692	19,417	4,926
2010	\$1,367,251	\$1,096,152	\$14,739	\$1,110,891	81.2%	1,118,411	81.8%	99.3%	\$12,000	\$1,420,206	30,101	7,612
2011	\$1,402,875	\$1,136,381	(\$25,108)	\$1,111,273	79.2%	1,148,319	81.9%	96.8%	\$23,000	\$1,457,813	31,116	7,986
2012	\$1,442,768	\$1,079,276	(\$4,060)	\$1,075,216	74.5%	1,181,315	81.9%	91.0%	\$0	\$1,448,963	30,998	7,297
2013	\$1,493,651			\$1,186,971	79.5%	1,222,977	81.9%	97.1%				
2014	\$1,641,478			\$1,228,515	74.8%	1,221,686	74.4%	100.6%				
2015	\$1,698,930			\$1,271,513	74.8%	1,264,445	74.4%	100.6%				
2016	\$1,758,393			\$1,316,015	74.8%	1,308,701	74.4%	100.6%				
2017	\$1,819,936			\$1,362,076	74.8%	1,354,505	74.4%	100.6%				
2018	\$1,883,634			\$1,409,749	74.8%	1,401,913	74.4%	100.6%				
2019	\$1,949,561			\$1,459,090	74.8%	1,450,980	74.4%	100.6%				
2020	\$2,017,796			\$1,510,158	74.8%	1,501,764	74.4%	100.6%				
2021	\$2,088,419			\$1,563,014	74.8%	1,554,326	74.4%	100.6%				
2022	\$2,161,513			\$1,617,719	74.8%	1,608,727	74.4%	100.6%				
Past	\$5,327,260			\$4,235,647	79.5%	\$4,374,865	82.1%	96.8%				
Future	\$18,513,312			\$13,924,818	75.2%	\$13,890,025	75.0%	100.3%				
Lifetime	\$23,840,572			\$18,160,465	76.2%	\$18,264,890	76.6%	99.4%				

Rate increase respresents the increase approved in previously filed EHB certified rates.
 \*\* Assumed to be offset by new business

#### Without Requested Increase

without Requested inc	rease											
						Expected			Active Life	Earned Prem	Exposure	
Calendar	Earned	Paid	Change in	Incurred	Incurred	Incurred	Expected	A/E	Reserves as of	Current	In Member	Number
Year	Premium	Claims	Clm Liab	Claims	Loss Ratio	Claims	Loss Ratio	Claims Ratio	Year End	Rate Basis	Months	of Claims
(a)	(b)	(c)	(d)	(e)=(c)+(d)	(f)=(e)/(b)	(g)	(h)=(g)/(b)	(i)=(e)/(g)	(j)	(k)	(I)	(m)
2007	\$16,840	\$29,920	\$1,385	\$31,305	185.90%	\$14,920	88.6%	209.82%	\$0	\$24,902	502	235
2008	\$206,378	\$155,896	\$14,333	\$170,229	82.48%	\$182,851	88.6%	93.10%	\$0	\$292,572	6,067	1,160
2009	\$891,148	\$693,111	\$43,622	\$736,733	82.67%	\$729,048	81.8%	101.05%	\$0	\$941,692	19,417	4,926
2010	\$1,367,251	\$1,096,152	\$14,739	\$1,110,891	81.2%	1,118,411	81.8%	99.33%	\$12,000	\$1,420,206	30,101	7,612
2011	\$1,402,875	\$1,136,381	(\$25,108)	\$1,111,273	79.2%	1,148,319	81.9%	96.77%	\$23,000	\$1,457,813	31,116	7,986
2012	\$1,442,768	\$1,079,276	(\$4,060)	\$1,075,216	74.5%	1,181,315	81.9%	91.02%	\$0	\$1,448,963	30,998	7,297
2013	\$1,493,651			\$1,186,971	79.5%	1,222,977	81.9%	97.06%				
2014	\$1,545,929			\$1,228,515	79.47%	\$1,150,572	74.4%	106.77%				
2015	\$1,600,036			\$1,271,513	79.47%	\$1,190,843	74.4%	106.77%				
2016	\$1,656,038			\$1,316,015	79.47%	\$1,232,522	74.4%	106.77%				
2017	\$1,713,999			\$1,362,076	79.47%	\$1,275,660	74.4%	106.77%				
2018	\$1,773,989			\$1,409,749	79.47%	\$1,320,308	74.4%	106.77%				
2019	\$1,836,078			\$1,459,090	79.47%	\$1,366,519	74.4%	106.77%				
2020	\$1,900,341			\$1,510,158	79.47%	\$1,414,347	74.4%	106.77%				
2021	\$1,966,853			\$1,563,014	79.47%	\$1,463,850	74.4%	106.77%				
2022	\$2,035,693			\$1,617,719	79.47%	\$1,515,084	74.4%	106.77%				
Past	\$5,327,260			\$4,235,647	79.5%	\$4,374,865	82.1%	96.82%				
Future	\$17,522,607			\$13,924,818	79.5%	\$13,152,683	75.1%	105.87%				
Lifetime	\$22,849,867			\$18,160,465	79.5%	\$17,527,548	76.7%	103.61%				

SERFF Tracking #: RENA-129234194 State Tracking #: Company Tracking #: 2014 REN/REN INDIVIDUAL RATES

State: District of Columbia Filing Company: Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

**Product Name:** 2014 Ren/Ren Individual Rates

Project Name/Number: 2014 Ren/Ren Individual Rates/2014 Ren/Ren Individual Rates

# **Supporting Document Schedules**

Satisfied - Item:	Cover Letter All Filings
Comments:	See attached
Attachment(s):	Cover letter.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Company is filing on its own behalf.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	See attached
Attachment(s):	DC 2014 Ren Ren Act Memo.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Justification
Comments:	See attached
Attachment(s):	DC 2014 Ren Ren Act Memo.pdf
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A Stand alone dental product
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:	RENA-129234194	State Tracking #:		Company Tracking #:	2014 REN/REN INDIVIDUAL RATES
State:	District of Columbia		Filing Company:	Renaissance Life	& Health Insurance Company of America
TOI/Sub-TOI:	H10I Individual He	ealth - Dental/H10I.000 Health Dental	0 , ,		, ,
Product Name:	2014 Ren/Ren Individual Rates				
Project Name/Number:	2014 Ren/Ren Individual Rates/2014 Ren/Ren Individual Rates				
Bypassed - Item:	Dis	strict of Columbia and Countrywid	le Experience for the L	ast 5 Years (P&C)	
Bypass Reason:	N/A	A Stand alone dental product			
Attachment(s):					
Item Status:					
Status Date:					
B 1 14					
Bypassed - Item:	Ac	tuarial Memorandum and Certifica	ations		
Bypass Reason:	N/A	A Stand alone dental product			
Attachment(s):		·			
Item Status:					
<b>Status Date:</b>					
Bypassed - Item:	Ur	nified Rate Review Template			
Bypass Reason:	N/A	A Stand alone dental product			
Attachment(s):					
Item Status:					

**Status Date:** 



October 4, 2013

Government of the District of Columbia Department of Insurance and Securities Regulation Insurance Products Division 810 First Street, N.E., Suite 701 Washington, D.C. 20002

RE: Renaissance Life & Health Insurance Company of America, NAIC No. 61700 FEIN# 47-0397286, Group No. 0477 Individual Dental Product – Rate Filing SERFF Tracking No. 129234194 Co. Tracking Number: 2014 REN/REN INDIVIDUAL RATES

On behalf of Renaissance Life & Health Insurance Company of America, please find enclosed new rates for our Individual Dental Product, INVD-100A-DC v2 approved June 30, 2009 under SERFF tracking No. RENA-126093098. These rates are in addition to the rates that were approved by your department on June 23, 2011, under SERFF tracking No. RENA-127077420. Enclosed are the following documents:

- 1. The rates;
- 2. The actuarial memorandum; and
- 3. Any appropriate transmittal forms, certifications, and/or filing fees.

It is our intention to begin using these new rates effective January 1, 2014. There are currently no DC policyholders and no overall rate impact.

Should you have any questions or require any additional information, please contact me directly at (517) 347-5273 by e-mail at bstecovich@renaissancefamily.com. or through SERFF. Thank you for your assistance.

Sincerely,

Bethany Stecovich
Compliance Specialist

Renaissance Life & Health Insurance Company of America

# Renaissance Life and Health Insurance Company of America (RLHICA) Actuarial Memorandum Ren/Ren Individual Dental Product Form Number INVD-100A-DC v2

# Scope & Purpose

The purpose of this filing is to

- 1) Comply with the District of Columbia's statutes governing health insurance rate and form filings.
- 2) Request approval of initial rates for additional plans, all under the Ren/Ren Individual Dental Product.

# Proposed Effective Date

The requested revised rates will be effective for new business as of 01/01/2014 and for renewal business as of the renewal date of the policy on or immediately following 01/01/2014.

# **Applicability**

The filed rates will be applicable for all individuals, new and renewal.

# **History of Rate Adjustments**

This filing contains initial rates for 3 new dental plans so no rate history is available.

# **Product Description**

# Description of Benefits

Individual dental benefits are provided by this coverage. Please see Exhibit 1 for a brief description of the plans available under this form.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with regard to standard types of benefit provisions are given in the policies. Benefits are to be paid on a fee for service basis.

#### Renewability Clause

These policies are conditionally renewable.

# Marketing Method

This product is available for sale through agents, associations, brokers, and direct contact by staff representatives. Other marketing methods utilizing e-commerce are likely to be used in the future.

# Network and Fee Arrangements

The Careington Maximum Care, Maverest and Stratose networks are available with these plans.

For all the plans, if the policy holder uses a participating provider in any network, the fees will be reimbursed at the appropriate network fee level and the policy holder will not be balance billed. Otherwise, the fees will be reimbursed at the standard out of network fee level and the policyholder will be balance billed for any excess fees.

For Plan D, K, and L the fees will be reimbursed at the PPO fee level regardless of which provider is used. However, the policyholder will not be balance billed if they use a participating provider in one of the networks.

# **Underwriting**

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of dependents to be covered and the region of residence for the purpose of applying the appropriate rates.

# **Premium Classes**

Premium rates will vary according to the following:

# 1. Plan Design

The differences in the three plans are the:

- Deductible
- Coinsurance percentages
- Network reimbursement
- Annual and lifetime maximums

#### 2. Individual Characteristics

- State of insured's residence
- Attained age of the insured upon issue and renewal
- Rating structure
  - 1-Person (ages 55 and older)
  - 1-Party/2-Party/Family (ages 54 and younger)

# Issue Age Range

There are no issue age limits for this product.

# Premium Modalization Rules

Monthly premiums are calculated for one-year contracts. Annual payments, equal to the monthly premium multiplied by 12, will also be accepted.

# Distribution of Business

We expect the following distribution of business in the future:

Ages 54 and Younger (1-Party):4%Ages 54 and Younger (2-Party):4%Ages 54 and Younger (Family):2%Ages 55 and Older:90%

 Plan D
 30%

 Plan K
 35%

 Plan L
 35%

# **Rate Development**

Please see the attached Exhibit 1 for a summary of proposed rates. These proposed rates are based on regional experience for groups of states with similar claims costs as described below. Plans D is based on the previously filed EHB Certified High Plan calculation and Plans K and L are based on the previously filed EHB Certified Low Plan. Please see Exhibit 2 for a numerical demonstration of the rate development for this state.

The rates for the proposed plans were developed using actual experience from the previously filed EHB Certified High or Low plans and then adjusting for the differences in the plan designs. The pure premiums were then increased or decreased by the change in the claim cost resulting in the other plans' pure premiums.

- For the difference in the coinsurance percentages, paid claims were grouped into service categories and recalculated using the appropriate coinsurance percentage for the new plan and adjusted for the expected change in utilization. The ratio of the newly calculated total paid claims over the original plan total paid claims is the expected change in claim cost due to the change in coinsurance percentages.
- For the plans where there is a difference in the annual maximum, paid claims per member per year were grouped into size categories and adjusted for the expected change in claim cost due to the different coinsurance percentages. These claims are then recalculated with any annual claims exceeding the new

- lower annual maximum capped at the new maximum. The ratio of the newly calculated total paid claims over the original plan's total paid claims is the expected change in claim cost due to the new annual maximum.
- For the plans where there is a difference in the deductible amount, the total paid claims are changed by the amount of the deductible for the new plan, multiplied by the average number of covered lives, multiplied by the expected utilization of the services to which the deductible applies, multiplied by the effect of the coinsurance percentage.
- The age adjustment factors for the new plans were developed by category of service from the age factors used in Delta Dental Plan of Michigan's manual formula to adjust for the expected differences in claim cost by age. The Age Adjustment shown in Exhibit 2 for each new plan is the impact of applying the age adjustment factors to the High or Low Plan experience for ages 55+ in the development of the premium rate for that plan.

# **Mortality**

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

# Persistency

Based on the experience of this product, we expect to renew about 85% of subscribers. This assumption has little impact on the rates proposed.

# **Pricing Assumptions**

# Trend Assumption

The trend assumption used in the development of the rates is 3.5%. The claims trend is based upon RLHICA's national experience and supported by the claim trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

#### **Expenses**

Total administrative expenses for the new plan designs under this form, including commissions, taxes and risk margins and profit margin, are expected to be approximately 33.0%. This estimated average administrative percentage is based upon the weights provided in the Distribution of Business section.

Please see Exhibit 1 for the administrative expense percentages for this state/region by plan and age band.

# Contingency and Risk Margins

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

# **Projected Loss Ratio experience**

#### Nationwide Results

Lifetime Loss Ratio	67.0%		
Future Loss Ratio	67.0%		
Minimum Loss Ratio	55.0%		

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

# **Experience**

Please see Exhibit 3 for the past and future expected experience for this form.

# Reserves

# Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

# Active Life Reserves

Where appropriate, RLHICA will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

As described in the Rate Development section, mortality and lapse are not explicitly reflected in the pricing. Therefore, reserve assumptions do not explicitly take into account any expected adverse mortality and lapses.

# **Actuarial Certification**

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

- 1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
- 2. The premiums are based on sound actuarial principles.
- 3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
- 4. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
- 5. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of District of Columbia.

Kevin Sule, FSA, MAAA October 2nd, 2013

- Sul

# Renaissance Life and Health Insurance Company of America (RLHICA) Actuarial Memorandum Ren/Ren Individual Dental Product Form Number INVD-100A-DC v2

# Scope & Purpose

The purpose of this filing is to

- 1) Comply with the District of Columbia's statutes governing health insurance rate and form filings.
- 2) Request approval of initial rates for additional plans, all under the Ren/Ren Individual Dental Product.

# Proposed Effective Date

The requested revised rates will be effective for new business as of 01/01/2014 and for renewal business as of the renewal date of the policy on or immediately following 01/01/2014.

# **Applicability**

The filed rates will be applicable for all individuals, new and renewal.

# **History of Rate Adjustments**

This filing contains initial rates for 3 new dental plans so no rate history is available.

# **Product Description**

# Description of Benefits

Individual dental benefits are provided by this coverage. Please see Exhibit 1 for a brief description of the plans available under this form.

Coverage for certain services may have time or frequency limitations. Examples: coverage for some diagnostic and preventive services may be limited to one or two times per year, replacement of crowns and prosthetics may be restricted to five or seven years. Additional details with regard to standard types of benefit provisions are given in the policies. Benefits are to be paid on a fee for service basis.

#### Renewability Clause

These policies are conditionally renewable.

# Marketing Method

This product is available for sale through agents, associations, brokers, and direct contact by staff representatives. Other marketing methods utilizing e-commerce are likely to be used in the future.

# Network and Fee Arrangements

The Careington Maximum Care, Maverest and Stratose networks are available with these plans.

For all the plans, if the policy holder uses a participating provider in any network, the fees will be reimbursed at the appropriate network fee level and the policy holder will not be balance billed. Otherwise, the fees will be reimbursed at the standard out of network fee level and the policyholder will be balance billed for any excess fees.

For Plan D, K, and L the fees will be reimbursed at the PPO fee level regardless of which provider is used. However, the policyholder will not be balance billed if they use a participating provider in one of the networks.

# **Underwriting**

These plans will not use individual health status underwriting. The primary intention of underwriting will be to establish the attained age of the insured, the number of dependents to be covered and the region of residence for the purpose of applying the appropriate rates.

# **Premium Classes**

Premium rates will vary according to the following:

# 1. Plan Design

The differences in the three plans are the:

- Deductible
- Coinsurance percentages
- Network reimbursement
- Annual and lifetime maximums

#### 2. Individual Characteristics

- State of insured's residence
- Attained age of the insured upon issue and renewal
- Rating structure
  - 1-Person (ages 55 and older)
  - 1-Party/2-Party/Family (ages 54 and younger)

# Issue Age Range

There are no issue age limits for this product.

# Premium Modalization Rules

Monthly premiums are calculated for one-year contracts. Annual payments, equal to the monthly premium multiplied by 12, will also be accepted.

# Distribution of Business

We expect the following distribution of business in the future:

Ages 54 and Younger (1-Party):4%Ages 54 and Younger (2-Party):4%Ages 54 and Younger (Family):2%Ages 55 and Older:90%

 Plan D
 30%

 Plan K
 35%

 Plan L
 35%

# **Rate Development**

Please see the attached Exhibit 1 for a summary of proposed rates. These proposed rates are based on regional experience for groups of states with similar claims costs as described below. Plans D is based on the previously filed EHB Certified High Plan calculation and Plans K and L are based on the previously filed EHB Certified Low Plan. Please see Exhibit 2 for a numerical demonstration of the rate development for this state.

The rates for the proposed plans were developed using actual experience from the previously filed EHB Certified High or Low plans and then adjusting for the differences in the plan designs. The pure premiums were then increased or decreased by the change in the claim cost resulting in the other plans' pure premiums.

- For the difference in the coinsurance percentages, paid claims were grouped into service categories and recalculated using the appropriate coinsurance percentage for the new plan and adjusted for the expected change in utilization. The ratio of the newly calculated total paid claims over the original plan total paid claims is the expected change in claim cost due to the change in coinsurance percentages.
- For the plans where there is a difference in the annual maximum, paid claims per member per year were grouped into size categories and adjusted for the expected change in claim cost due to the different coinsurance percentages. These claims are then recalculated with any annual claims exceeding the new

- lower annual maximum capped at the new maximum. The ratio of the newly calculated total paid claims over the original plan's total paid claims is the expected change in claim cost due to the new annual maximum.
- For the plans where there is a difference in the deductible amount, the total paid claims are changed by the amount of the deductible for the new plan, multiplied by the average number of covered lives, multiplied by the expected utilization of the services to which the deductible applies, multiplied by the effect of the coinsurance percentage.
- The age adjustment factors for the new plans were developed by category of service from the age factors used in Delta Dental Plan of Michigan's manual formula to adjust for the expected differences in claim cost by age. The Age Adjustment shown in Exhibit 2 for each new plan is the impact of applying the age adjustment factors to the High or Low Plan experience for ages 55+ in the development of the premium rate for that plan.

# **Mortality**

Mortality has no impact on dental plan utilization beyond loss of eligibility and, therefore, has no bearing on the development of rates. Projections of future premiums and claims will assume no mortality.

# Persistency

Based on the experience of this product, we expect to renew about 85% of subscribers. This assumption has little impact on the rates proposed.

# **Pricing Assumptions**

# Trend Assumption

The trend assumption used in the development of the rates is 3.5%. The claims trend is based upon RLHICA's national experience and supported by the claim trend experience provided by Delta Dental of Indiana, Michigan and Ohio. The Consumer Price Index for Urban Users (CPI-U) reports a 2.3% trend for Dental Services in 2012. The 2013 Segal Health Plan Cost Trend Survey projects a 4.0% claim trend for similar FFS/Indemnity Dental Plans.

#### **Expenses**

Total administrative expenses for the new plan designs under this form, including commissions, taxes and risk margins and profit margin, are expected to be approximately 33.0%. This estimated average administrative percentage is based upon the weights provided in the Distribution of Business section.

Please see Exhibit 1 for the administrative expense percentages for this state/region by plan and age band.

# Contingency and Risk Margins

Risk margins of 1.5% are included in these rates, along with a 1% profit margin.

# **Projected Loss Ratio experience**

#### Nationwide Results

Lifetime Loss Ratio	67.0%		
Future Loss Ratio	67.0%		
Minimum Loss Ratio	55.0%		

Note that the expected lifetime and expected future loss ratios exceed the minimum required loss ratio.

# **Experience**

Please see Exhibit 3 for the past and future expected experience for this form.

# Reserves

# Claims Liability and Reserves

Unpaid claims liabilities are calculated using the development method. This method is commonly used by health actuaries for calculations of this type. All calculations are performed in a manner consistent with relevant actuarial standards of practice (including ASOP No. 5, Incurred Health and Disability Claims and ASOP No. 23, Data Quality).

# Active Life Reserves

Where appropriate, RLHICA will hold unearned premium reserves (for policy owners who pay annually) and contract reserves (for policies subject to waiting periods).

As described in the Rate Development section, mortality and lapse are not explicitly reflected in the pricing. Therefore, reserve assumptions do not explicitly take into account any expected adverse mortality and lapses.

# **Actuarial Certification**

I, Kevin Sule, am a member of the American Academy of Actuaries and meet its qualification standards to render the actuarial opinion contained herein. To the best of my knowledge and judgment:

- 1. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.
- 2. The premiums are based on sound actuarial principles.
- 3. The rates produced are reasonable related to the applicable coverage and characteristics of the anticipated class of enrollees.
- 4. The premium rates filed were prepared in conformity with Actuarial Standards of Practice.
- 5. The premium rates are in compliance with the applicable laws, rules, and guidelines of the state of District of Columbia.

Kevin Sule, FSA, MAAA October 2nd, 2013

- Sul